

A&D HIGHLIGHTS

Vol. 3 No. 1

Summer 2005

Dr. PERRY'S CORNER

It's About Service

Stephanie W. Perry, M.D.

The overall effectiveness of any organization can be determined by its service. The Bureau of Alcohol and Drug Abuse Services (BADAS) is committed to providing comprehensive statewide services for substance abuse through our multiple programs and projects including treatment, prevention and training. We are likewise committed as an organizational structure to the delivery of community level service through technical assistance, the regional and county health planning process, and coalition building for assuring drug-free communities.

BADAS is currently able to expand not only its service capacity, but also its treatment capacity through new programs and grants. Each of these programs allows us to design or expand levels of care, develop new treatment and prevention initiatives and make statewide services more available and accessible to all Tennesseans.

The Access to Recovery (ATR) grant was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for \$17.8 million to allow the Bureau to target methamphetamine abusers and others needing treatment services. This new initiative allows consumers independent choice and the use of vouchers to achieve and maintain abstinence. It has also allowed the Bureau to increase options for treatment and recovery providers including faith-based organizations and to increase the number of state authorized providers of addiction services.

The Tennessee Strategic Prevention Framework-State Incentive Grant (SPF-SIG) totaling \$11.75 million, also from SAMHSA, allows us to implement a strategic framework to advance community-based programs for substance abuse prevention, mental health promotion and mental illness prevention. This

grant uses a data-based problem solving model and includes the establishment of a SPF-SIG Advisory Council and State Epidemiology Workgroup.

The Tennessee Gambling Initiative, with a \$200,000 state appropriation from the Tennessee Legislature, has expanded to include outpatient treatment services from the Helen Ross McNabb Center in Knoxville, Buffalo Valley in Hohenwald, and The University of Memphis Gambling Clinic in Memphis.

Additionally, the Tennessee Advanced School on Addictions (The Summit) exhibited record breaking numbers in attendance this year with greater than 450 participants enrolled in workshops and greater than 700 attendees at the Wednesday evening session featuring John Bradshaw and John McAndrew.

The Summit's theme, Change Is Inevitable-Growth Is Intentional, resonates within the Bureau every day, for clearly, we have embraced change and experienced resultant growth, allowing us to deliver more effective service. ■



ADAT PROGRAM GROWS IN SIZE AND EFFECTIVENESS

Pat Wilson, Director

Alcohol and Drug Addiction Treatment Program

The ADAT Mission

The Alcohol and Drug Addiction Treatment (ADAT) Program provides access to A&D treatment for indigent, convicted, multiple DUI offenders through cooperating with the Tennessee court system, maintaining a provider network and providing funds so that participants can lead healthier, safer, more productive lives thereby enhancing public safety.

Now in its seventh year of operation, the ADAT Program has **more than 200 judges** participating – with courts in **81 of 95 counties** submitting client referrals. The ADAT Provider Network has also grown and now includes **47 providers** in more than **110 treatment locations**. Clients can access a full continuum of services including detoxification, residential rehabilitation, halfway house and all levels of outpatient treatment.

A total of 1,249 ADAT clients were approved for FY2005 – representing a 37% increase over last year's total of 910. Compared to the 116 clients approved in ADAT's first year of operation, the program has increased client approvals tenfold!

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ADAT Program Grows...cont.

Thanks to the hard work of the ADAT Program staff, ADAT providers, courts, public defenders, probation officers, community corrections staff, and many others for assisting repeat DUI offenders who could not otherwise afford treatment services to get the help they need and for making our communities safer.

The public safety factor is further emphasized in the favorable outcome measures for ADAT clients, as calculated by The University of Memphis, Institute for Substance Abuse Treatment And Evaluation (ISATE). More than 60% of ADAT clients, 6 months after admission, are abstinent, working full time, and living with family members again. Only 6% have been rearrested. For more information on ADAT outcomes and cost effectiveness, contact ISATE at <http://www.isate.memphis.edu/> ■

Strategic Prevention Framework State Incentive Grant Update

Lawrence A. Mellion, III, Director of Prevention Services

Through a competitive bidding process, the Bureau of Alcohol and Drug Abuse Services, Tennessee Department of Health, has been awarded the Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Substance Abuse Mental Health Services Administration (SAMHSA). The grant provides \$2.35 million a year, over a five year period, to strengthen the prevention system in Tennessee. The five steps in the SPF SIG grant are: 1) profile population needs, resources, and readiness to address needs and gaps; 2) mobilize or build capacity to address those needs, 3) develop a strategic plan; 4) implement evidence-based programs and practices; 5) monitor, evaluate, sustain, and improve or replace those that are not successful.

To implement this complex process a newly formed advisory council, chaired by Will Pinkston of the Governor's office, has been established. In addition to the Tennessee Department of Health, other state entities include the Departments of Education, Children's Services, Transportation, and Corrections. Other council members represent the Tennessee Commission on Children and Youth, Tennessee National Guard, Drug Enforcement Administration, Tennessee Independent Colleges and Universities, University of Memphis and the Community Anti-Drug Coalitions of Tennessee. The Advisory Council has met initially and plans a second meeting in late July.

In addition, members of the SPF SIG State Epidemiology Workgroup, have been selected. The epidemiology workgroup is charged with identifying the needs assessment data elements, overseeing data analysis, interpreting results and making recommendations to the advisory council. This will be a continuous process throughout the grant period.

The Bureau has attended a series of meetings for new grantees. Activities with the Southeast Center For the Application of Prevention Technology have been planned to assist with training on the state and the local levels. The Pacific Institute of Research and Evaluation will begin the first portion of the needs assessment this fall. ■



Access To Recovery (ATR) Update

Lisa M. Waszkiewicz,
Access to Recovery Statewide Coordinator

Tennessee is one of 13 states, and one tribal organization, to have been awarded federal funds for treatment and recovery services. This grant has given Tennessee the opportunity to continue its fight against the methamphetamine epidemic, expand existing services, and develop new partnerships with faith-based communities. This grant is built upon the concept that the consumer shall have the choice to determine where he or she receives services.

Tennessee Access to Recovery provides reimbursement to approved providers, through a voucher system, for treatment and recovery services. Treatment services consist of intensive outpatient treatment specifically focused to the special needs of the methamphetamine addict. Intensive outpatient treatment will follow the evidence-based treatment model known as the Matrix Model. Recovery services, open to anyone who has an alcohol or drug addiction, include case management, drug testing, recovery coaching, recovery support groups, transitional housing, and transportation. These services were chosen to help provide support to those trying to achieve or maintain sobriety.

On April 5, 2005, Tennessee Access to Recovery was launched with the first phase of a strategic implementation program. The strategic implementation plan will allow providers to be added to the Access to Recovery network in a precise manner that ensures consumers throughout the state will have reasonable access to treatment and recovery services. The program currently operates on a paper-based system while a web-based reporting system is being implemented.

The ATR program is an excellent opportunity for all statewide providers, including faith-based providers, to expand their services and treatment capacity while giving consumers individual choice. For additional information, call the ATR hotline toll-free at 1-866-358-4287. ■

The Summit 2005, "Change Is Inevitable – Growth Is Intentional"

Jay Jana, Statewide Training Coordinator

The Summit, Tennessee's Advanced School On Addictions, was held May 29 through June 3 at Belmont University in Nashville. It was sponsored by the Bureau of Alcohol and Drug Abuse Services, Department of Health. The Summit was heralded as a tremendous success by newcomers, "This is my first year at The Summit and it was a life-changing experience for me. I plan to return next year!" as well as the veterans, "The best overall conference that I've attended since 1991."

Sharing the success of The Summit was the Central East Addiction Technology Transfer Center (CEATTC) which sponsored four courses: Conflict Resolution & Communication Styles, Culturally Competent Service Delivery, Enhancing Alcohol & Other Drug Abuse Services, and Cruda, Hechizo and Alcohol: Latino Substance Abuse. Participants in these classes were personally challenged and educationally informed.

John Bradshaw, the featured speaker and trainer for Wednesday, June 1, offered three workshops based on his most read publications,

Homecoming: Reclaiming Your Inner Child, Healing: The Shame That Binds You and Creating Love.

Wednesday evening's event, which was open to the public and the recovery community, drew over 700 attendees. In addition to John Bradshaw, John McAndrew shared a compilation of personally composed songs of recovery. Similar to the closing ceremonies of the 2000 international AA convention, Johnny Mac concluded his performance with, "Like We Were Made of Gold."

With more than 450 enrolled participants and all Thursday/Friday workshops filled to capacity, many considered the week's training uplifting and gratifying, "...it makes me feel renewed for the months ahead. I got so much from being here personally and professionally. I can't wait for next year!" With like forethought, the Bureau looks forward to The Summit 2006 as well as collaborating again with the CEATTC. Mark your calendar now! The Summit 2006 is currently scheduled for May 28 through June 2, 2006. ■

Awards and Recognition

BUREAU RECEIVES OUTSTANDING STATE ASSOCIATION AWARD

The Tennessee Department of Health's Bureau of Alcohol and Drug Abuse Services (BADAS) received the Outstanding State Association Award from Community Drug Coalitions Across America (CADCA) at CADCA's recent leadership forum in Washington, D. C. The Bureau recently partnered with the Tennessee National Guard and Community Anti-Drug Coalitions of America to form the Community Anti-Drug Coalitions Across Tennessee (CADCAT), a statewide coalition offering direct training to coalitions throughout Tennessee. The goal is to increase community involvement in prevention strategies across Tennessee. CADCAT's membership of 27 coalitions, just one year ago, has now risen to 35.

PREVENTION WORKS IN TENNESSEE

Data from the "State Estimates of Substance Use, 2002-2003 National Surveys on Drug Use and Health" reveal some interesting facts. For specific drugs, Tennessee had the lowest rate, 7.4% for marijuana use, among those ages 12 and older in the past year, while Alaska had the highest rate, 16.7%. This compares to the national rate of 10.8% for marijuana use in the past year.

The report also states that Tennessee had the lowest rate of past year dependence on or abuse of alcohol at 6.0%.

NAMI of Nashville, INC. Ambassador of Hope Award

The Nashville Chapter of the National Alliance for the Mentally Ill (NAMI) has a mission of "improvement in lives of individuals who experience psychiatric and emotional disorders."

In May 2005, Stephanie W. Perry, M.D. received the Ambassador of Hope award for medical professional of the year from NAMI. Each year, the Nashville Chapter of the National Alliance for the Mentally Ill seeks to recognize and honor members in the community who have contributed to the mission by using their professional knowledge or life example to break the stigma. ■

Capacity Building Through Workforce Development

Jay Jana, State Training Coordinator

[NOTE: The following are the conclusions of the Tennessee Workforce Development Survey that was prepared for the Bureau of Alcohol & Drug Abuse Services and the Central East Addiction Technology Transfer Center by RMC Research Corporation.]

Today's workforce development implies more than employment training in the narrow sense. It means substantial employer engagement, deep community connections of the agency, career advancement, best-practice education and training, and substance-abuse focused college programs. This conclusion will address three areas of workforce development: (a) retention and advancement, (b) race and labor markets, and (c) best practices and replication.

Retention and advancement must be a priority for the entire field of substance abuse. To replace the aging baby-boomer generation of management, it is essential that management training and mentoring be an active component of our long term strategy.

Race and labor markets are not only about representation. In reality the challenge is more than that. It is about building a multicultural community, one that goes beyond toleration and even celebration of differences; but to a full inclusion and integration of socially constructed differences and differential treatment, including the allocation of resources along the lines of gender, economic class, job status, sexual orientation, age or generational status, physical ability and religion.

In short, we need to educate our workforce to be competent and we need to educate our providers in how to sustain competency. It will not be enough to educate providers in the theory of competent care. We also have to develop new organizational policies and procedures that will support, facilitate, and reward competent care in practice. We must make certain that competency at any level is defined by accountability, capacity-building, and effectiveness in supporting positive outcomes for the individuals we serve. ■

A HIGHLIGHTS WELCOME TO NEW EMPLOYEES

The Bureau is pleased to announce the hiring of nine new employees. We are excited to have them on board.



New Bureau Employees l to r bottom row, Debra J. Smith, Pam Sylakowski, Kathy Combs, Sherry Wilson; top row, Sara Wallace, Cissy Gilbert, Lisa Waszkiewicz, Vonnetta Johnson, and Mark Davis.

Kathy Combs, ADAT Program Consultant

Mark Davis, Public Education Coordinator

Cissy Gilbert, Prevention Consultant

Vonnetta Johnson, Administrative Assistant

Debra J. Smith, Managed Care Consultant

Pam Sylakowski, Deputy Assistant Commissioner

Sara Wallace, Contract Officer

Lisa M. Waszkiewicz, Access to Recovery Statewide Coordinator

Sherry Wilson, Information Resource Specialist

A and D HIGHLIGHTS

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Prepared and Distributed by the
Bureau of Alcohol & Drug Abuse Services
(615) 741-1921

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Tennessee Bureau of Alcohol & Drug Abuse Services. Authorization No. 343180, 1,500 copies, August 2005. This public document was promulgated at a cost of \$.31 per copy.

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